## **Rec'd PCT/PTO** 1 9 MAY 2005 10/535659

PLEASE NOTE: YOU-MUST COMPLETE THE FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY	DOCKET	NO.

As a below named inventor, I hereby declare that: my residence post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: \* GLASS STRUCTURE

Check Box If Appropriate -For Use Withou Specification Attached

the specification of which	is attached hereto unles	ss one of the following boxes	is checke	:d:	
The Specification	was filed on	and was a	ssigned	•	
Contal Ma	and was amend	led on			
was filed as PCT	international application	number	on		
	and was amended under	er PCT Article 19 on.			
(if applicable).	•	6.1	1 : 4.	::::	
specification, including the	claims, as amended by	derstand the contents of the a any amendment referred to ab	ovc.		
I acknowledge the duty Code of Federal Regulatio	y to disclose information	n material to patentability as de	fined in T	Γitle 37,	
I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:  I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below:					
Prior Foreign Application(s)	)		Priority	Claimed	
202 18 215.0 (Number)	Germany (Country)	11/22/2002 (Month/Day/Year Filed)	Yes	□ No	
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No	
(Number)	(Country)	(Month/Day/Year Filed)	☐ Yes	No	
(Evaluest)				Ö	
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No	
			□ Yes	□ No	
(Number)	(Country)	(Month/Day/Year Filed)			
All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application:					
Country	Applicatio			ay/Year)	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

	pplication		

(Filing Date)

(Status - patented, pending, abandoned)

(Application Serial No.)

(Status - patented, pending, abandoned) (Filing Date)

\*NOTE: Must be completed

BEST AVAILABLE COP

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

## Vincent L. Ramik - Registration No. 20,663

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Send Correspondence to: DILLER, RAMIK & WIGHT, P.C.

**Merrion Square Suite 101** 7345 McWhorter Place Annandale, Virginia 22003 Telephone (703) 642-5705

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		*DATE	
Inventor Insert Name of Inventor Insert Date This	Karl-Otto PLATZ				
Document Is Signed	RESIDENCE (City, State & Country)	CITIZENSHIP			
Insert Residence Insert Citizenship		German	· I		
1-00	51674 <u>Wiehl-Bomig,</u> Germany		GETIIIQII		
Insert Post Office Address	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
	Auf den Puehlen 5. 51674 W	Vieni-Bomid, Gei Inventor's Signature	·many	*DATE	
Full Name of Second Inventor, if any:	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	į		
see above			CITIZENSHIP		
	RESIDENCE (City, State & Country)		CITIZENSHIP		
			Ī		
•	POST OFFICE ADDRESS (Complete Street Address including C	City, State & Country)			
Full Name of Third	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		*DATE	
Inventor, if any:					
see above		<u> </u>	CITIZENSHIP		
	RESIDENCE (City, State & Country)				
	POST OFFICE ADDRESS (Complete Street Address including C	City, State & Country)			
5. 5 M	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE	
Full Name of Fourth Inventor, if any:	GIVER MANUE				
see above					
	RESIDENCE (City, State & Country)	•	CITIZENSHIP		
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)					
	POST OFFICE ADDRESS (Complete street Address michaning City, State & Souther)				
		<b></b>		Loure	
Full Name of Fifth Inventor, if any:	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		*DATE	
see above			,		
*** 60014	DESCRIPENCE (Cit. State & Country)  CITIZENSHIP			<u> </u>	
A	RESIDENCE (City, State & Country)				
*Note: Must be completed — date this document is				- 0001/	
signed.	POST OFFICE ADDRESS (Complete Street Address including	City, State & Country)	T AVAILABLI	FCCPY	
Page 2 of 2		•			